

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34037

State File No. ....

FILED OCT 10 1952

BIRTH NO. ....		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>WARREN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WARREN</u>			
b. CITY OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>13 mos.</u>		c. CITY OR TOWN <u>Warrenton</u>		<u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katy Jane Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Reinker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Dec. 13, 1858</u>		9. AGE (in years last birthday) <u>93</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 MRS. Mths. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer(Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Reinker</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Niere</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leo Hoffmann, Chesterfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>2. arteriosclerotic kidney</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> <u>when</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Senile</u> <u>446X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 2, 1952</u> , to <u>Sept 30, 1952</u> that I last saw the deceased alive on <u>Sept 26, 1952</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Throckmold M.D.</u>				23b. ADDRESS <u>Warrenton, Mo.</u>		23c. DATE SIGNED <u>9-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Luth. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Altheim, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-2-52</u>		REGISTRAR'S SIGNATURE <u>Harold Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.90  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Richard Bopp*

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.